



*Lighthouse Youth Center*

245 Commerce Street • P.O. Box 38  
Oxford, PA 19363  
Phone: (610) 467-6000  
www.oxfordlighthouse.org

## **Volunteer Staff Application**

### **Lighthouse Youth Center Mission Statement:**

The Lighthouse shines the light and love of Jesus Christ to the Oxford area youth through our staff-directed, volunteer-supported activity center and programs.

### **Lighthouse Youth Center Vision Statement:**

Changing the world through Jesus Christ ... one child at a time

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Cell phone number:** \_\_\_\_\_

**Home phone number:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ Married \_\_\_\_\_ Single

**Gender:** \_\_\_\_\_ Male \_\_\_\_\_ Female

### **How did you hear about the Lighthouse Youth Center?**

Word of mouth: \_\_\_\_\_ Church: \_\_\_\_\_ Newspaper: \_\_\_\_\_ Other: \_\_\_\_\_

**Lighthouse Youth Center Volunteer Qualifications:**

- Have a personal relationship with Jesus Christ and be a growing disciple of him. Volunteers will be encouraged to wholeheartedly seek to implement the life of a disciple of Jesus Christ in every experience.
- Have a desire to share the Good News of Jesus Christ
- Have a sense of calling and appropriate gifts to youth ministry. Be able to relate to low-income, at-risk, “unchurched” youth
- Be willing to make a commitment on a scheduled basis
- Be capable of completing a Criminal Background Check
- Be capable of completing a Child Abuse Clearance

**Please provide your Social Security Number:** \_\_\_\_\_

This is used for your criminal background check

**Lighthouse Youth Center Volunteer Responsibilities:**

**(These responsibilities will be explained more when you have your volunteer orientation. Orientation will be scheduled after your application is processed)**

- Follow the Lighthouse Youth Center Rules
- Honor biblical standards of conduct (See Lighthouse Youth Center Statement of Faith)
- Follow the Lighthouse Youth Center Policy (Listed in the Volunteer Manual)
- Follow the PA Child Abuse Law: because you are working with children, you are a mandated reporter and must report any abuse you see.
- To be willing to assist with the Lighthouse Youth Center programs
- Partner with and support other volunteers in Lighthouse programs and activities
- Be able to notify the Lighthouse Youth Center’s paid staff if you are unable to come in at your scheduled time

**After reading the Lighthouse Youth Center Volunteer Qualifications and Responsibilities, please briefly describe why you are interested in becoming a Lighthouse Youth Center Volunteer:**

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**We love learning how people came to follow Jesus Christ. Briefly share how you came to trust him and what he means to you in your daily life.**

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**We have many different ways that you can volunteer at the Lighthouse Youth Center. Please select all of the volunteer areas that are of interest to you:**

- Arts/Crafts \_\_\_\_\_
- Bible Studies \_\_\_\_\_
- Cooking Class \_\_\_\_\_
- Dinner Speaker (Devotions) \_\_\_\_\_
- Fundraising Events \_\_\_\_\_
- Homework Assistance \_\_\_\_\_
- Music \_\_\_\_\_
- Office Help \_\_\_\_\_
- Recreational Activities \_\_\_\_\_
- Serve Meals \_\_\_\_\_
- Sports \_\_\_\_\_

**How often are you able to volunteer?**

- \_\_\_ Weekly  
\_\_\_ Monthly  
\_\_\_ Quarterly

**What day/s of the week are you available? \_\_\_\_\_**

**Please provide the following information about the church you attend:**  
(If attending for less than a year, provide the same information for your previous church.)

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

**Please list two references:**

(References cannot be family members)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Time known: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Time known: \_\_\_\_\_ Phone number: \_\_\_\_\_

I \_\_\_\_\_ affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be intentionally false, I may be denied the right to volunteer at the Lighthouse Youth Center. I also give the Lighthouse Youth Ministries, Inc. my permission to use any photographs taken of me while serving as a volunteer at Lighthouse Youth Center activities or events for public purposes.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RETURN THIS APPLICATION TO:**

Lighthouse Youth Center  
ATTN: Application for Volunteer  
P.O. Box 38, Oxford PA 19363